



2010 Three-Tier Prescription Drug List Consumer Reference Guide

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2010 Three-Tier Prescription Drug List Reference Guide

Your UnitedHealthcare pharmacy benefit offers flexibility and choice in finding the right medication for you.

This guide will:

1. Help you understand your medication choices and make informed decisions.
2. Help you understand which questions to ask your doctor or pharmacist.

What is a Prescription Drug List (PDL)?

A PDL is a list that categorizes medications, products or devices that have been approved by the U.S. Food and Drug Administration into tiers.

Your UnitedHealthcare pharmacy benefit provides coverage for a comprehensive selection of prescription medications. Below you will find some commonly prescribed medications for certain conditions. You and your doctor can refer to this list to select the right medication to meet your needs.

The benefit plan documents provided by your employer or health plan include a Summary Plan Description (SPD) or a Certificate of Coverage (COC). Please refer to these documents to determine which medications are covered under your individual plan.

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting **myuhc.com** or by calling the toll-free member phone number on the back of your ID card. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may access **myuhc.com** for additional information during your open enrollment period or you may contact your employer or health plan for additional information.

In certain documents, the Prescription Drug List (PDL) was referred to as the "Preferred Drug List (PDL)." This change in descriptive terms does not affect your benefit coverage.

Where differences are noted between this PDL reference guide and your benefit plan documents, the benefit plan documents will govern.

Understanding Tiers

Prescription medications are categorized within three tiers. Each tier is assigned a copayment, the amount you pay when you fill a prescription, which is determined by your employer or health plan. Consult your benefit plan documents to find out the specific copayments, coinsurance, and deductibles that are part of your plan.

Some plans may require you to pay the entire cost of the medication until the plan deductible has been met.

Tier 1 – Your Lowest-Cost Option

Tier 1 medications are your lowest copayment option. For the lowest out-of-pocket expense, always consider Tier 1 medications if you and your doctor decide they are right for your treatment.

Tier 2 – Your Midrange-Cost Option

Tier 2 medications are your middle copayment option.

Tier 3 – Your Highest-Cost Option

Tier 3 medications are your highest copayment option. If you are currently taking a medication in Tier 3, ask your doctor whether there are lower-cost Tier 1 or Tier 2 medications that may be right for your treatment.

Note: Compounded medications are medications with one or more ingredients that are prepared “on-site” by a pharmacist. These are classified at the Tier 3 level.

Please note: *Some plans have a two-tier pharmacy benefit rather than a three-tier pharmacy benefit. Generally, a two-tier closed pharmacy benefit plan does not cover medications classified in Tier 3 of this PDL. A two-tier open pharmacy benefit plan covers one tier at the lower copayment and covers a second tier at a higher copayment.*

In addition, some plans have a four-tier prescription plan. Refer to your enrollment materials, check the Drug Pricing/Coverage information on myuhc.com®, or call the toll-free member phone number on the back of your ID card for more information about your benefit plan.

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Who decides which medications get placed in which tier?

The UnitedHealthcare PDL Management Committee makes tier placement decisions. The Committee's goal is to help ensure access to a wide range of medications, while controlling health care costs for you and your employer or health plan. The PDL Management Committee is comprised of senior level UnitedHealth Group physicians and business leaders. You and your doctor decide which medication is appropriate for you.

What factors does the PDL Management Committee look at to make tier placement decisions?

The PDL Management Committee decides the tier placement of a particular prescription medication based on clinical information from the UnitedHealthcare Pharmacy and Therapeutics (P&T) Committee and economic considerations. The Committee looks at the overall health care value of a particular medication, balancing the need for flexibility and choice for you and an affordable pharmacy benefit for employer groups and health plans.

How often will prescription medications change tiers?

Medications may change tiers once per calendar year (January 1). Additionally, when a brand name medication becomes available as a generic, the tier status of the brand name medication will be evaluated. When a medication changes tiers, you may be required to pay more or less for that medication. These changes may occur without prior notice to you. For the most current information on your pharmacy coverage, please call the toll-free member phone number on the back of your ID card or visit **myuhc.com**

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What is the difference between brand name and generic medications?

Generic medications contain the same active ingredients as brand name medications, but they often cost less. Generic medications become available after the patent on the brand name medication expires. At that time, other companies are permitted to manufacture an FDA-approved, chemically equivalent medication. Many companies that make brand name medications also produce and market generic medications.

The next time your doctor gives you a prescription for a brand name medication, ask if a generic equivalent or lower tier alternative is available and if it might be appropriate for you since generic medications are your lowest-cost option. Go to **myuhc.com** to determine the copayment for your generic medication.

Why is the medication that I am currently taking no longer covered?

Medications may be excluded from coverage under your pharmacy benefit. For example, a prescription medication may be excluded from coverage when it is therapeutically equivalent to another prescription medication or an over-the-counter medication. There may be alternatives on the PDL or over-the-counter medications that are appropriate for your treatment.

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When should I consider discussing over-the-counter or non-prescription medications with my doctor?

An over-the-counter medication can be an appropriate treatment for some conditions. Consult your doctor about over-the-counter alternatives to treat your condition. These medications are not covered under your pharmacy benefit, but they may cost less than your out-of-pocket expense for prescription medications.

Why are there notations next to certain medications in the PDL, and what do they mean?

The specific definitions for these notations (**SL**, **N**, etc.) are listed at the bottom of each page of the PDL and refer to our pharmacy programs. These programs as well as our drug utilization review processes can help confirm coverage based on your benefit plan.

Please call the toll-free member phone number on the back of your ID card if you need additional information about these notations.

What should I do if I use a self-administered injectable medication?

You may have coverage for self-administered injectable medications through your pharmacy benefit plan. UnitedHealthcare has developed a specialty pharmacy network for these medications. Please call our toll-free Specialty Pharmacy Referral Line at 1-866-429-8177. A representative will answer questions about our program and then transfer you to a specialty pharmacy based on your particular specialty medication prescription.

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How do I access updated information about my pharmacy benefit?

Since the PDL may change periodically, we encourage you to visit **myuhc.com** or call the toll-free member phone number on the back of your ID card for more current information.

Log on to **myuhc.com** for the following pharmacy resources and tools:

- Pharmacy benefit and coverage information
- Specific copayment amounts for prescription medications
- Possible lower-cost medication alternatives
- A list of medications based on a specific medical condition
- Medication interactions and side effects
- Locate a participating retail pharmacy by zip code
- Review your prescription history

And, if mail order is included in your pharmacy benefit, you can also:

- Refill prescriptions
- Check the status of your order
- Set up e-mail reminders for refills
- Manage your account

What if I still have questions?

Please call the toll-free member phone number on the back of your ID card. Representatives are available to assist you 24 hours a day, except Thanksgiving and Christmas.

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Anti-Infectives Antibiotics

Tier 1

A-B Otic
Amoxicillin Trihydrate Capsule,
Chewable Tablet, Drops,
Suspension, Tablet
Amoxicillin Trihydrate/
Potassium Clavulanate
Azithromycin
Cefaclor
Cefadroxil Hydrate
Cefdinir **SL**
Cefpodoxime Tablet
Cefprozil
Cefuroxime
Cephalexin Monohydrate
Cephadrine Capsule
Ciprofloxacin Tablet
Clarithromycin Tablet
Clindamycin HCl 150, 300 mg
Dicloxacillin Sodium Capsule
Dimethyl Sulfoxide Solution,
Non-Oral
Doxycycline Hyclate
Doxycycline Monohydrate
Capsule
Erythromycin Base Capsule,
Delayed-Release
Erythromycin Base Tablet,
Enteric-Coated
250, 333 mg
Erythromycin Estolate
Erythromycin Ethylsuccinate
Erythromycin Ethylsuccinate/
Sulfisoxazole Acetyl
Erythromycin Stearate
Methenamine Mandelate
Metronidazole
Minocycline HCl
Neomycin Sulfate
Neomycin/Polymyxin/HC Otic
Nitrofurantoin Macrocrystal
Nitrofurantoin/Nitrofurantoin
Macrocrystal
Ofloxacin
Ofloxacin Otic
Penicillin V Potassium
Sulfadiazine
Sulfamethoxazole/Trimethoprim
Sulfisoxazole
Tetracycline HCl
Trimethoprim

Tier 2

Augmentin
Cerumenex Otic
Chloromycetin Otic
Cipro Suspension
Ciprodex Otic
Cleocin HCl 75 mg
Dapsone
Furadantin Suspension, Oral
Gantrisin
Levaquin Tablet, Solution
Macroclintin 25 mg
Tobi
Vancocin HCl
Velosef 250 mg Suspension
Zyvox

Tier 3

Adoxa **E**
Augmentin XR **E**
Avelox
Cedax
Dispermox
Doryx **E**
EryPed Tablet, Chewable
Factive
Geocillin
Keftab
Ketek
Maxaquin
Monurol
Neggram
Noroxin
Oracea
PCE
Primsol
Proquin XR
Raniclor Tablet, Chewable
Solodyn
Suprax
Tequin
Vibramycin Suspension
Vibramycin Syrup
Xifaxan
Zagam
Zmax

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

MC Multiple copay applies

N Notification required

P Progression Rx

SL Supply limit

½T Eligible for Half Tablet Program

E May be excluded from coverage

Anti-Infectives Antifungals

Tier 1

Clotrimazole Troche
Fluconazole
Griseofulvin Microsize
Suspension
Griseofulvin Ultramicrosize
Itraconazole Capsule **SL**
Ketoconazole
Metronidazole Vaginal
Nystatin
Terbinafine HCl Tablet **SL**
Terconazole Vaginal

Tier 2

Clindesse Vaginal
Mycostatin
Noxafil
Sporanox Solution, Oral
Vfend **SL**

Tier 3

Ancobon
Fulvicin U/F
Gynazole-1 Vaginal
Lamisil Granules **SL**

Anti-Infectives Antivirals

Tier 1

Acyclovir
Amantadine HCl
Famciclovir **SL**
Ganciclovir
Ribavirin **SL N**
Rimantadine HCl Tablet

Tier 2

Baraclude
Epivir HBV
Hepsera
Rebetol Solution **SL N**
Valcyte **SL**
Valtrex **SL**

Tier 3

Flumadine Syrup
Relenza **SL**
Tamiflu **SL**
Tyzeka

Cardiovascular/Heart Disease Coagulation Therapy

Tier 1

Cilostazol
Dipyridamole
Heparin Sodium
Sulfinpyrazone
Ticlopidine HCl
Warfarin Sodium

Tier 2

Arixtra **SL**
Coumadin
Lovenox **SL**
Plavix

Tier 3

Aggrenox
Fragmin **SL**
Innohep **SL**

Cardiovascular/Heart Disease High Blood Pressure

Tier 1

Acebutolol HCl
Amiloride HCl
Amiloride HCl/
Hydrochlorothiazide
Amlodipine Besylate
Amlodipine/Benazepril **SL**
Atenolol
Benazepril HCl
Benazepril/
Hydrochlorothiazide
Betaxolol HCl
Bisoprolol Fumarate/
Hydrochlorothiazide
Bumetanide

Tier 2

Aceon **½T**
Aldactazide 50-50 mg
Azor **SL**
Benicar **SL ½T**
Benicar HCT **SL**
Bystolic
Cardizem CD 360 mg
Cardizem LA
Cozaar **SL ½T**
Dibenzylamine
Enduron 2.5 mg
Hyzaar **SL**
Micardis **SL**
Micardis HCT **SL**

Tier 3

Atacand **SL ½T**
Atacand HCT **SL**
Avalide **SL**
Avapro **SL ½T**
Cardene SR
Cardura XL
Catapres-TTS **SL**
Coreg CR **SL E**
Covera-HS
Diovan **SL ½T**
Diovan HCT **SL**
DynaCirc CR
Dyrenium
Edecrin

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MC Multiple copay applies

N Notification required

P Progression Rx

SL Supply limit

½T Eligible for Half Tablet Program

E May be excluded from coverage

Cardiovascular/Heart Disease **High Blood Pressure** (cont. from page 8)

Tier 1

Captopril
 Captopril/Hydrochlorothiazide
 Carvedilol
 Chlorothiazide Tablet
 Chlorthalidone
 Clonidine HCl
 Clonidine HCl/Chlorthalidone
 Clonidine Patch,
 Transdermal Weekly **SL**
 Diltiazem HCl
 Doxazosin Mesylate
 Enalapril Maleate
 Enalapril Maleate/
 Hydrochlorothiazide
 Eplerenone
 Felodipine
 Fosinopril
 Fosinopril/
 Hydrochlorothiazide
 Furosemide
 Guanfacine HCl
 Hydralazine HCl
 Hydralazine HCl/
 Hydrochlorothiazide
 Hydrochlorothiazide
 Indapamide
 Isradipine
 Labetalol HCl
 Lisinopril
 Lisinopril/Hydrochlorothiazide
 Methyclothiazide
 Methyldopa 250, 500 mg
 Methyldopa/
 Hydrochlorothiazide
 Metolazone
 Metoprolol Succinate
 Metoprolol Tartrate
 Metoprolol/
 Hydrochlorothiazide
 Minoxidil
 Moexipril HCl **½T**
 Nadolol
 Nadolol/Bendroflumethiazide
 Nicardipine HCl
 Nifedipine
 Nifedipine Tablet, Osmotic
 Laser-Drilled Formulation
 Nisoldipine 20, 30, 40 mg
 Pindolol
 Prazosin HCl

Tier 2

Sular 8.5, 10, 17, 25.5,
 34 mg

Tier 3

Enduronyl
 Enduronyl Forte
 Exforge **SL**
 Exforge HCT
 Guanabenz Acetate
 Innopran XL
 Levatol
 Lexxel
 Minizide
 Naturetin
 Tarka
 Tekturna **SL**
 Tekturna HCT **SL**
 Teveten **SL**
 Wytensin

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MC Multiple copay applies

N Notification required

P Progression Rx

SL Supply limit

½T Eligible for Half Tablet Program

E May be excluded from coverage

Cardiovascular/Heart Disease **High Blood Pressure** (cont. from page 9)

Tier 1

Propranolol HCl
 Propranolol HCl/
 Hydrochlorothiazide
 Quinapril HCl/
 Hydrochlorothiazide
 Quinapril HCl/Magnesium
 Carbonate
 Ramipril
 Spironolactone
 Spironolactone/
 Hydrochlorothiazide
 Terazosin HCl
 Timolol Maleate
 Trandolapril **½T**
 Triamterene/
 Hydrochlorothiazide
 Verapamil HCl

Tier 2

Tier 3

Cardiovascular/Heart Disease **High Cholesterol**

Tier 1

Cholestyramine/Aspartame
 Cholestyramine/Sucrose
 Colestipol HCl
 Fenofibrate 54, 67, 134, 160,
 200 mg
 Gemfibrozil
 Lovastatin
 Pravastatin **½T**
 Simvastatin **½T**

Tier 2

Advicor
 Antara
 Altoprev
 Crestor **SL ½T**
 Fenoglide
 Lipitor **SL ½T**
 Lipofen
 Niaspan
 Simcor **SL**
 Tricor 48, 145 mg
 Triglide
 Vytorin **SL**
 Welchol

Tier 3

Caduet **SL E**
 Lescol **SL**
 Lescol XL **SL**
 Lovaza
 Pravigard-PAC
 Trilipix
 Zetia **SL**

Cardiovascular/Heart Disease **Other**

Tier 1

Amiodarone
 Digoxin
 Disopyramide
 Flecainide
 Isosorbide Dinitrate
 Isosorbide Mononitrate
 Mexiletine
 Nitroglycerin
 Procainamide
 Propafenone
 Sotalol

Tier 2

Lanoxin

Tier 3

Ethmozine
 Minitran
 Nitro-Dur
 Nitrolingual
 Rythmol SR

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

MC Multiple copay applies

N Notification required

P Progression Rx

SL Supply limit

½T Eligible for Half Tablet Program

E May be excluded from coverage

Central Nervous System Attention Deficit Disorder

Tier 1

Amphetamine Aspartate/
Amphetamine Sulfate/
Dextroamphetamine
Amphetamine Aspartate/
Amphetamine Sulfate/
Dextroamphetamine
Capsule, Sustained-Release
24 Hour **SL**
D-Amphetamine Sulfate
Tablet, Capsule,
Sustained-Action
Methamphetamine HCl Tablet
Methylphenidate

Tier 2

Vyvanse **SL**

Tier 3

Adderall XR **SL**
Concerta **SL**
Daytrana **SL**
Focalin XR **SL**
Metadate CD **SL**
Methylin Solution, Oral
Methylin Tablet, Chewable
Ritalin LA **SL**
Strattera **SL**

Central Nervous System Depression

Tier 1

Amitriptyline HCl
Amitriptyline/Perphenazine
Amoxapine
Bupropion HCl **N**
Bupropion HCl Tablet,
Sustained-Action **N**
Bupropion HCl Tablet,
Sustained-Release
24 Hour **SL N**
Citalopram Hydrobromide
Clomipramine HCl
Desipramine HCl
Doxepin HCl
Fluoxetine HCl
Fluvoxamine Maleate
Imipramine HCl
Maprotiline HCl
Mirtazapine
Nefazodone HCl
Nortriptyline HCl
Paroxetine HCl
Sustained-Release,
24 Hour **SL**
Paroxetine HCl Tablet
Protriptyline HCl
Sertraline HCl **1/2T**
Tranylcypromine Sulfate
Trazodone HCl
Trimipramine Maleate
Venlafaxine HCl

Tier 2

Nardil

Tier 3

Cymbalta **SL**
Effexor XR **SL**
Emsam
Lexapro **SL 1/2T**
Luvox CR **SL**
Marplan
Pexeva **SL 1/2T**
Pristiq **SL**
Prozac Weekly **SL**
Tofranil-PM
Venlafaxine
Extended-Release **SL E**

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MC Multiple copay applies

N Notification required

P Progression Rx

SL Supply limit

1/2T Eligible for Half Tablet Program

E May be excluded from coverage

Central Nervous System Migraine

Tier 1

Acetaminophen/Butalbital
 Acetaminophen/Caffeine/
 Butalbital **SL**
 Aspirin/Caffeine/Butalbital
 Dihydroergotamine Mesylate
 Ergotamine Tartrate/
 Belladonna Alkaloids/
 Phenobarbital
 Ergotamine Tartrate/Caffeine
 Suppository, Rectal
 Ergotamine Tartrate/
 Caffeine/Belladonna
 Alkaloids/Pentobarbital
 Isometheptene Mucate/
 Acetaminophen/
 Dichloralphenazone
 Isometheptene/
 Acetaminophen/Caffeine
 Relpax **SL**
 Sumatriptan Succinate
 Injection **SL**
 Sumatriptan Succinate Nasal
 Spray **SL**
 Sumatriptan Succinate
 Tablet **SL**

Tier 2

Cafergot
 Ergomar
 Migranal
 Sansert

Tier 3

Amerge **SL**
 Axert **SL**
 Frova **SL**
 Maxalt **SL**
 Maxalt MLT **SL**
 Migranal **SL**
 Treximet **SL E**
 Zomig **SL**
 Zomig Nasal Spray **SL**
 Zomig ZMT **SL**

Central Nervous System Sedatives/Hypnotics

Tier 1

Chloral Hydrate
 Estazolam
 Flurazepam HCl
 Temazepam
 Triazolam
 Zaleplon **SL**
 Zolpidem Tartrate **SL**

Tier 2

Tier 3

Ambien **SL P**
 Ambien CR **SL**
 Butisol Sodium
 Doral
 Lunesta **SL P**
 Restoril 7.5 mg
 Rozerem **SL P**
 Seconal Sodium
 Sonata **SL P**

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N Notification required

P Progression Rx

SL Supply limit

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E May be excluded from coverage

Central Nervous System Seizure Disorders

Tier 1

Acetazolamide
Carbamazepine
Clonazepam
Divalproex
Ethosuximide
Gabapentin Capsule, Tablet
Lamotrigine
Levetiracetam
Mephobarbital
Oxcarbazepine
Phenobarbital
Phenytoin
Primidone
Topiramate Tablet
Valproic Acid
Zonisamide

Tier 2

Celontin
Diastat **SL**
Dilantin
Felbatol
Gabitril
Mebaral 50 mg
Mysoline
Neurontin Solution, Oral
Peganone
Phenytek
Tegretol

Tier 3

Equetro
Keppra XR **E**
Lamictal Dose Pack
Lyrica **SL**
Stavzor **E**
Topamax Sprinkle

Central Nervous System Other

Tier 1

Alprazolam
Amantadine HCl
Benzotropine Mesylate
Bromocriptine Mesylate
Buspirone HCl
Carbidopa/Levodopa
Chlordiazepoxide HCl
Clorazepate Dipotassium
Clozapine
Diazepam
Galantamine
Lithium Carbonate
Lorazepam
Loxapine Succinate
Oxazepam
Risperidone **SL**
Ropinirole HCl
Selegiline HCl
Thiothixene 1, 2, 5, 10 mg
Trihexyphenidyl HCl

Tier 2

Akineton
Apokyn
Aricept
Aricept ODT
Clozaril
Comtan
FazaClo
Geodon **SL**
Loxitane C
Mirapex
Moban
Navane 20 mg
Orap
Seroquel **SL**
Symbyax **SL**
Tasmar
Zyprexa **SL**

Tier 3

Abilify **SL**
Azilect
Carbex
Cognex
Exelon
Invega **SL**
Kemadrin
Namenda
Paxipam
Provigil **SL N**
Razadyne Solution
Requip XL **E**
Seroquel XR **SL**
Stalevo
Tranxene SD
Zelapar
Zyprexa Zydis **SL**

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E May be excluded from coverage

Dermatology

Tier 1

Alclometasone Dipropionate
Cream, Ointment 0.05%
Aluminum Chloride
Amincinide Cream, Ointment
Betamethasone Dipropionate
Cream, Lotion, Ointment
Betamethasone
Dipropionate/Propylene
Glycol Gel, Lotion, Ointment
Betamethasone DP
Augmented Cream 0.05%
Betamethasone Valerate
Cream, Lotion, Ointment
Ciclopirox Cream, Gel, Lotion
Ciclopirox Solution, Non-Oral
Clindamycin Phosphate
Clobetasol Propionate Cream,
Gel, Ointment
Clobetasol Propionate
Foam **SL**
Clobetasol Propionate
Solution, Non-Oral
Clotrimazole/Betamethasone
Dipropionate
Desonide Cream, Lotion,
Ointment
Desoximetasone Cream, Gel,
Ointment
Diflorasone Diacetate Cream,
Ointment
Diflorasone Diacetate/
Emollient Cream
Doxepin Cream
Econazole Nitrate
Erythromycin Base/Benzoyl
Peroxide
Erythromycin Base/Ethyl
Alcohol
Erythromycin Base/Ethyl
Alcohol Swab, Medicated
Fluocinolone Acetonide
Cream, Ointment
Fluocinolone Acetonide
Solution Non-Oral
Fluocinonide Cream, Gel,
Ointment
Fluocinonide Solution,
Non-Oral
Fluocinonide/Emollient
Cream

Tier 2

Aldara
Azelex **SL**
Benzamycin
Condylox Gel
Lidoderm **SL**
Locoid Lipocream
Oxoralen-Ultra
Protopic **SL N**
Regranex **N**
Retin-A Micro **SL N**
Sulfoxyl Regular
Tazorac **SL N**
Trisoralen
Zovirax

Tier 3

Acanya
Accutane
Altanax **SL**
Atralin **MC SL**
Avita Gel **SL N**
Bactroban **SL**
Benzacilin **SL**
Brevoxyl **E**
Carmol HC Cream
Centany
Clindagel **SL**
Clobex **SL**
Clobex Shampoo **E**
Cloderm
Cordran
Cordran SP Cream
Cutivate Lotion **MC**
Denavir
Derma-Smoother/FS
Desonate **SL**
Desquam-X
Differin Gel 0.3% **SL N**
Drysol
Duac **SL**
Duac-CS **SL**
Elidel **SL N**
Emla
Epiduo **E**
Ertaczo
Evoclin **SL**
Exelderm
Extina **SL**
Finacea Gel
Furacin
Halog
Loprox Shampoo **MC**
Lustra-AF
Mentax
Metrogel 1% **MC**
Metro lotion
Naftin
Noritate **MC**
Olux-E **SL**
Olux-Olux-E **E**
Oscion
Oxistat
Pandel Cream
Panretin Gel
Plexion Sct

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

MC Multiple copay applies

N Notification required

P Progression Rx

SL Supply limit

½T Eligible for Half Tablet Program

E May be excluded from coverage

Dermatology (cont. from page 14)

Tier 1

Fluorouracil
 Fluticasone Propionate
 Cream, Ointment
 Gentamicin Sulfate
 Halobetasol Propionate
 Cream, Ointment
 Hyaluronate Sodium
 Suspension 0.1%
 Hydrocortisone Butyrate
 Ointment, Solution,
 Non-Oral
 Hydrocortisone Cream,
 Lotion, Ointment
 Hydrocortisone Valerate
 Cream, Ointment
 Isotretinoin
 Ketoconazole Cream,
 Shampoo
 Lidocaine HCl Gel, Ointment,
 Solution
 Metronidazole Cream, Gel
 Mometasone Furoate Cream,
 Ointment, Solution
 Mupirocin Ointment
 Nystatin
 Nystatin/Triamcinolone
 Acetonide
 Podofilox Liquid
 Prednicarbate Cream
 Sulfacetamide Sodium
 Suspension, Topical
 Sulfacetamide Sodium/Sulfur
 Sulfacetamide Sodium/
 Sulfur/Urea
 Sulfacetamide Sodium/Urea
 Lotion
 Tretinoin Cream, Gel **N**
 Triamcinolone Acetonide
 Cream, Lotion, Ointment
 Urea 40% Emulsion

Tier 2

Tier 3

Psorcon E Ointment
 Solaraze Gel
 Sulfacet-R
 Tretin-X **SL N**
 Triaz **E**
 Umecta
 Vanos **SL**
 Vanoxide-HC
 Veragen
 Verdeso **SL**
 Vusion
 Xolegel **MC**
 Ziana **SL**

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

MC Multiple copay applies

N Notification required

P Progression Rx

SL Supply limit

½T Eligible for Half Tablet Program

E May be excluded from coverage

Endocrine/Diabetes Blood Glucose Monitoring

Tier 1

Fast Take System
 Fast Take Test Strips **SL**
 Freestyle Freedom Lite System
 Freestyle Lite System
 Freestyle Lite Test Strips **SL**
 Freestyle System
 Freestyle Test Strips **SL**
 One Touch System
 One Touch Test Strips **SL**
 One Touch Ultra 2 System
 One Touch Ultra Mini System
 One Touch Ultra System
 One Touch Ultra Test Strips **SL**
 Precision Q-I-D System
 Precision Q-I-D Test Strips **SL**
 Precision Xtra System
 Precision Xtra Test Strips **SL**
 Surestep System
 Surestep Test Strips **SL**

Tier 2

Tier 3

Accu-Chek System
 Accu-Chek Test Strips **SL**
 Ascensia System
 Ascensia Test Strips **SL**
 Assure System
 Assure Test Strips **SL**
 Prestige System
 Prestige Test Strips **SL**

Endocrine/Diabetes Growth Hormone

Tier 1

Tier 2

Nutropin **SL N**
 Nutropin AQ **SL N**
 Nutropin Depot **SL N**
 Saizen **SL N**
 Serostim **SL N**
 Tev-Tropin **SL N**

Tier 3

Genotropin **SL N E**
 Humatrope **SL N E**
 Norditropin **SL N E**
 Omnitrope **SL N E**
 Zorbtive **SL N**

Endocrine/Diabetes Insulin

Tier 1

Novolin 70/30 Vials
 Novolin L Vials
 Novolin N Vials
 Novolin R Vials
 NovoLog Mix 70/30 Vials
 NovoLog Vials

Tier 2

Lantus Vials
 Levemir Vials
 Novolin 70/30 Pens/
 Cartridges
 Novolin L Pens/Cartridges
 Novolin N Pens/Cartridges
 Novolin R Pens/Cartridges
 NovoLog Mix 70/30 Pens/
 Cartridges
 NovoLog Pens/Cartridges

Tier 3

Apidra
 Humalog Pens/Cartridges
 Humalog Vials
 Humulin Pens
 Humulin Vials
 Lantus Solostar Pens/
 Cartridges
 Levemir Pens
 Relion

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

MC Multiple copay applies

N Notification required

P Progression Rx

SL Supply limit

½T Eligible for Half Tablet Program

E May be excluded from coverage

Endocrine/Diabetes Non-Insulin

Tier 1

Acarbose
Acetohexamide
Chlorpropamide
Glimepiride
Glipizide
Glipizide/Metformin HCl
Glyburide
Glyburide/Metformin HCl
Metformin HCl
Tolazamide
Tolbutamide

Tier 2

Actoplus Met **SL**
Actos **SL**
Avandamet **SL**
Avandaryl **SL**
Avandia **SL**
Byetta **SL**
Duetact **SL**
Glyset
Janumet **SL**
Januvia **SL**
Prandin **SL**

Tier 3

Fortamet Tablet, Sr Osmotic
Push 24 Hour
Glumetza
Riomet Solution, Oral
Starlix **SL**
Symlin

Endocrine/Diabetes Other

Tier 1

Cabergoline
Calcitonin Salmon Nasal
Spray
Calcitriol
Danazol
Desmopressin Acetate
Dexamethasone
Fludrocortisone Acetate
Fortical
Hydrocortisone Tablet
Levothyroxine Sodium
Liothyronine Sodium
Methimazole
Methylprednisolone Tablet,
Dose Pack 4 mg
Octreotide Acetate
Orapred
Oxandrolone
Prednisolone Sodium
Phosphate Solution, Oral
Prednisolone Syrup
Prednisone
Propylthiouracil

Tier 2

Androderm
Androgel **SL**
Android
Aristocort Tablet
Calderol
Cytadren
Halotestin
Hectorol
Hytakerol
Kuvan **SL N**
Liquid Pred
Medrol 2, 8, 16, 24, 32 mg
Pediapred
Sandostatin **N**
Synarel
Synthroid
Zemplar **SL**

Tier 3

Armour Thyroid
Celestone Oral Solution
Cortone Acetate
First-Testosterone
Orapred ODT
Sensipar
Stimate
Striant
Testim **SL E**
Thyrolar

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

MC Multiple copay applies

N Notification required

P Progression Rx

SL Supply limit

½T Eligible for Half Tablet Program

E May be excluded from coverage

Eye Conditions Anti-Allergy

Tier 1

Cromolyn Sodium

Tier 2

Elestat **SL**
Optivar **SL**

Tier 3

Acular **SL**
Alamast
Alocril
Alomide
Emadine
Livostin
Opticrom
Pataday **SL**
Patanol **SL**

Eye Conditions Antibiotics

Tier 1

Bacitracin/Polymyxin B Sulfate
Chloramphenicol
Ciprofloxacin HCl Drops
Erythromycin Base
Gentamicin Sulfate
Neomycin Sulfate/Bacitracin Zinc/Polymyxin B/
Hydrocortisone Ointment
Neomycin Sulfate/Bacitracin/
Polymyxin B Ointment
Neomycin Sulfate/
Dexamethasone Sodium Phosphate
Neomycin Sulfate/Gramicidin D/Polymyxin B Drops
Neomycin Sulfate/Polymyxin B Sulfate/Hydrocortisone Suspension, Drops
Neomycin/Polymyxin B Sulfate/Dexamethasone
Ofloxacin
Polymyxin B Sulfate/
Trimethoprim
Sulfacetamide Sodium
Sulfacetamide Sodium/
Prednisolone Acetate
Sulfacetamide Sodium/
Prednisolone Sodium Phosphate
Tobramycin Sulfate Drops
Tobramycin/Dexamethasone Suspension

Tier 2

Blephamide S.O.P.

Tier 3

Azasite
Blephamide Suspension,
Drops
Chloroptic S.O.P. Ointment
Ciloxan Ointment
Iquix
Natacyn
Poly-Pred
Pred-G
Quixin
Tobrex Ointment
Vigamox
Zylet
Zymar

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

MC Multiple copay applies

N Notification required

P Progression Rx

SL Supply limit

Eye Conditions **Glaucoma**

Tier 1

Acetazolamide
Acetazolamide Capsule,
Sustained-Action
Betaxolol HCl
Brimonidine Tartrate
Carteolol HCl
Dipivefrin HCl
Dorzolamide HCl **SL**
Dorzolamide HCl/Timolol
Maleate **SL**
Levobunolol HCl
Methazolamide
Metipranolol
Pilocarpine HCl
Timolol Maleate Drops

Tier 2

Alphagan **P SL**
Azopt **SL**
Betimol **SL**
Combigan **SL**
Epifrin
Isopto Carbachol
Lumigan **SL**
Osmoglyn
P6E1
Phospholine Iodide
Pilopine HS
Travatan **SL**
Travatan Z **SL**

Tier 3

Betoptic S
Iopidine
Istalol
Rescula
Xalatan **SL**

Gastrointestinal **Acid Suppression**

Tier 1

Cimetidine Tablet, Liquid
Misoprostol
Omeprazole
Pantoprazole **SL**
Ranitidine HCl Syrup
Sucralfate Tablet

Tier 2

Aciphex **SL**
Axid Oral Solution
Helidac
Prevpac **SL**
Protonix **SL**
Pylera
Zegerid **SL**

Tier 3

Carafate Oral Suspension
Nexium Capsule **SL E**
Nexium Suspension **SL**
Pepcid Suspension, Oral
Prevacid Capsule,
Delayed-Release
Enteric-Coated **SL E**
Prevacid Naprapac **SL E**
Prevacid Solutab **SL E**
Prevacid Suspension,
Delayed-Release,
Reconst. **SL E**
Prilosec Rx 10, 20 mg **E**
Prilosec Rx 40 mg **SL E**

Gastrointestinal **Nausea/Vomiting**

Tier 1

Dronabinol
Granisetron HCl Tablet **SL**
Ondansetron **SL**
Prochlorperazine Maleate
25 mg Suppository, Rectal
Prochlorperazine Maleate
Tablet
Trimethobenzamide HCl
Capsule

Tier 2

Compazine 2.5, 5 mg
Suppository
Compazine Syrup
Emend **SL**
Kytril Solution, Oral **SL**
Torecan

Tier 3

Anzemet **SL**
Cesamet **SL P**
Sancuso **SL E**

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

MC Multiple copay applies

N Notification required

P Progression Rx

SL Supply limit

½T Eligible for Half Tablet Program

E May be excluded from coverage

Gastrointestinal Other

Tier 1

Mesalamide
Metoclopramide
Polyethylene Glycol
Sulfasalazine

Tier 2

Apriso
Canasa
Dipentum
Entocort EC
GoLYTELY Packet
Lialda
Lotronex **SL**
Relistor
Trilyte with Flavor Packets

Tier 3

Amitiza **SL N**
Asacol
Asacol HD **E**
Halflytely-Bisacodyl
Moviprep
Pentasa

Men's Health Erectile Dysfunction

Tier 1

Tier 2

Tier 3

Caverject **SL**
Cialis **SL**
Edex **SL**
Levitra **SL**
Muse **SL**
Viagra **SL**

Men's Health Prostate

Tier 1

Doxazosin Mesylate
Finasteride **N**
Terazosin HCl

Tier 2

Tier 3

Avodart **N**
Flomax
Uroxatral

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

MC Multiple copay applies

N Notification required

P Progression Rx

SL Supply limit

½T Eligible for Half Tablet Program

E May be excluded from coverage

Miscellaneous

Tier 1

Azathioprine
Benzonatate
Chlorhexidine Gluconate
Folic Acid
Phenazopyridine
Prednisolone Acetate
Promethazine/Codeine
Tamoxifen
Vitamin D (Rx only)

Tier 2

Arimidex
Aromasin
Cellcept Suspension
Fareston
Femara
Myfortic
Neoral
Prograf
Rapamune
Sandimmune
Twinject **SL**

Tier 3

Epipen **SL**
Epipen Jr **SL**
Restasis **SL N**
Soltamox
Tussionex **SL**

Miscellaneous Overactive Bladder

Tier 1

Dicyclomine HCl Tablet
Flavoxate HCl
Hyoscyamine Sulfate
Oxybutynin Chloride

Tier 2

Enablex
Oxytrol
Pro-Banthine
Sanctura XR
Vesicare

Tier 3

Detrol
Detrol LA **E**
Sanctura

Musculoskeletal Osteoporosis

Tier 1

Alendronate Sodium **SL**
Calcitonin Salmon Nasal
Spray
Estradiol
Estradiol Patch, Transdermal
Weekly **SL**
Estropipate Tablet
Fortical

Tier 2

Actonel **SL**
Actonel with Calcium **SL**
Boniva **SL**
Climara **SL**
Esclim
Estraderm **SL**
Evista
Forteo **N**
Ogen Cream
Vivelle **SL**
Vivelle-Dot **SL**

Tier 3

Fosamax Plus D **SL**
Premarin

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

MC Multiple copay applies

N Notification required

P Progression Rx

SL Supply limit

½T Eligible for Half Tablet Program

E May be excluded from coverage

Musculoskeletal Pain Relief

Tier 1

Acetaminophen/Butalbital
 Acetaminophen/Caffeine/
 Butalbital **SL**
 Acetaminophen/
 Phenyltoloxamine Citrate
 Aspirin/Caffeine/Butalbital
 Butorphanol Tartrate Aerosol,
 Spray **SL**
 Codeine Phosphate/
 Acetaminophen **SL**
 Codeine Phosphate/
 Acetaminophen/Caffeine/
 Butalbital **SL**
 Codeine Phosphate/Aspirin/
 Caffeine/Butalbital
 Codeine Sulfate
 Diclofenac Potassium
 Diclofenac Sodium
 Dihydrocodeine Bit/
 Acetaminophen/Caffeine
 Etodolac
 Fenoprofen Calcium
 Fentanyl Citrate Lollipop **SL N**
 Fentanyl Transdermal **SL**
 Flurbiprofen
 Hydrocodone Bit/
 Acetaminophen **SL**
 Hydrocodone Bit/
 Acetaminophen Elixir,
 Tablet **SL**
 Hydromorphone HCl Tablet
 Ibuprofen
 Ibuprofen/Hydrocodone
 Indomethacin
 Ketoprofen
 Ketorolac Tromethamine
 Levorphanol Tartrate
 Meclofenamate Sodium
 Mefenamic Acid
 Meloxicam
 Meperidine HCl
 Methadone HCl
 Morphine Sulfate Solution,
 Oral
 Morphine Sulfate Suppository,
 Rectal 5 mg
 Morphine Sulfate Tablet,
 Sustained-Action **SL**
 Nabumetone
 Naproxen

Tier 2

Codeine Phosphate
 MSIR Capsule
 OxyContin **SL**
 RMS-Suppository
 10, 20, 30 mg
 Voltaren Gel

Tier 3

Arthrotec
 Avinza **SL**
 Celebrex **SL**
 Equagesic
 Fentora **SL N**
 Flector **E**
 Hycet
 Kadian **SL**
 Opana **SL**
 Opana ER **SL**
 Subutex **SL N**
 Synalgos-DC
 Triaprin
 Ultram ER **SL**
 Xodol
 Zydone

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

MC Multiple copay applies

N Notification required

P Progression Rx

SL Supply limit

½T Eligible for Half Tablet Program

E May be excluded from coverage

Musculoskeletal Pain Relief (cont. from page 22)

Tier 1

Naproxen Sodium
Oxaprozin
Oxycodone HCl
Oxycodone HCl Concentrate,
Oral
Oxycodone HCl/
Acetaminophen **SL**
Oxycodone HCl/Ibuprofen
Oxycodone/Aspirin
Pentazocine HCl/
Acetaminophen
Pentazocine HCl/Naloxone
HCl
Piroxicam
Propoxyphene Napsylate/
Apap **SL**
Sulindac
Tolmetin Sodium
Tramadol HCl
Tramadol HCl/
Acetaminophen **SL**

Tier 2

Tier 3

Musculoskeletal Rheumatoid Arthritis

Tier 1

Azathioprine
Hydroxychloroquine Sulfate
Leflunomide
Methotrexate Sodium
Sulfasalazine

Tier 2

Cimzia **SL N**
Cuprimine
Humira **SL N**
Rheumatrex
Trexall

Tier 3

Enbrel **SL P**
Kineret **SL N**
Simponi **SL P**

Musculoskeletal Other

Tier 1

Baclofen
Carisoprodol
Cyclobenzaprine
Methocarbamol
Orphenadrine
Orphenadrine Compound
Tizanidine

Tier 2

Robaxisal

Tier 3

Skelaxin
Soma 250 mg **E**
Zanaflex

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

MC Multiple copay applies

N Notification required

P Progression Rx

SL Supply limit

½T Eligible for Half Tablet Program

E May be excluded from coverage

Respiratory Asthma/COPD

Tier 1

Albuterol Aerosol **SL**
 Albuterol Sulfate
 Albuterol Sulfate/Ipratropium
 Solution, Non-Oral
 Asmanex **SL**
 Cromolyn Sodium Ampul for
 Nebulization
 Dyphylline
 Foradil **SL**
 Guaifenesin/Dyphylline
 Ipratropium Bromide Solution,
 Non-Oral
 Isoetharine HCl Solution,
 Non-Oral
 Metaproterenol Sulfate
 Pulmicort Flexhaler **SL**
 QVAR **SL**
 Terbutaline Sulfate
 Theophylline
 Ventolin HFA **SL**

Tier 2

Alupent **SL**
 Elixophyllin GG
 Intal **SL**
 Proventil Tablet,
 Sustained-Action
 Pulmicort Respules **SL**
 Singulair **SL**
 Slo-Phyllin
 Spiriva **SL**
 Tilade **SL**
 T-Phyl

Tier 3

Accolate **SL**
 Advair Diskus **SL**
 Advair HFA **SL**
 Aerobid **SL**
 Aerobid-M **SL**
 Alvesco **SL**
 Atrovent HFA **SL**
 Azmacort **SL**
 Brovana
 Combivent **SL**
 Elixophyllin Elixir
 Elixophyllin-KI Elixir
 Flovent Diskus **SL**
 Flovent HFA **SL**
 Lufyllin Tablet
 Maxair Autohaler **SL**
 Perforomist **SL**
 Proair HFA **SL**
 Proventil HFA **SL**
 Quibron-T Tablet
 Serevent Diskus **SL**
 Symbicort **SL**
 Theo-24
 Uniphyll
 Volmax
 Xopenex HFA **SL**
 Xopenex Vial, Nebulizer **SL E**
 Zyflo
 Zyflo CR **SL**

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

MC Multiple copay applies

N Notification required

P Progression Rx

SL Supply limit

½T Eligible for Half Tablet Program

E May be excluded from coverage

Respiratory Nasal Allergy

Tier 1

Flunisolide
Fluticasone Propionate **SL**

Tier 2

Astelin **SL**
Nasonex **SL**

Tier 3

Astepro
Beconase AQ **SL**
Nasacort
Nasacort AQ **SL**
Omnaris **SL**
Rhinocort Aqua **SL**
Veramyst **SL E**

Respiratory Oral Allergy

Tier 1

Clemastine Fumarate
Fexofenadine
Hydroxyzine HCl
Phenylephrine HCl/
Chlorpheniramine Maleate/
Scopolamine Syrup
Phenylephrine HCl/
Phenylpropanolamine
HCl/Phenyltoloxamine/
Chlorpheniramine
Phenylephrine HCl/
Promethazine HCl
Pseudoephedrine HCl/
Brompheniramine Maleate
Pseudoephedrine HCl/
Chlorpheniramine Maleate

Tier 2

Atarax 100 mg

Tier 3

Allegra ODT **SL E**
Allegra Suspension **SL E**
Allegra-D **SL E**
Bromfed Tablet
Clarinet **SL E**
Clarinet-D **SL E**
Dallergy Drops, Tablet
Dallergy Jr.
Deconamine Chewable Tablet
Histex CT
Lodrane
Rynatan Pediatric
Rynatuss
Semprex-D
Xyzal **SL**

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

MC Multiple copay applies

N Notification required

P Progression Rx

SL Supply limit

1/2T Eligible for Half Tablet Program

E May be excluded from coverage

Women's Health Contraceptives

Tier 1

Desogestrel-Ethinyl Estradiol
 Desogestrel-Ethinyl Estradiol/
 Ethinyl Estradiol
 Ethinyl Estradiol/Desogestrel
 Ethinyl Estradiol/
 Drospirenone
 Ethynodiol D-Ethinyl Estradiol
 Levonorgestrel-Ethinyl
 Estradiol
 Levonorgestrel-Ethinyl
 Estradiol Tablet, Dosepak,
 3 month **SL**
 Medroxyprogesterone Acet
 150 mg/ml
 Norethindrone
 Norethindrone A-E Estradiol
 Norethindrone A-E Estradiol/
 Ferrous Fumarate
 Norethindrone-Ethinyl
 Estradiol
 Norethindrone-Mestranol
 Norgestimate-Ethinyl
 Estradiol
 Norgestrel-Ethinyl Estradiol

Tier 2

NuvaRing
 Ovrette
 Plan B
 Yaz

Tier 3

Alesse
 Cyclessa
 Depo-SubQ Provera
 Desogen
 Femcon Fe
 Lo/Ovral
 Loestrin 24 Fe
 Lybrel
 Nor-Q-D
 Ortho Evra
 Ortho Micronor
 Ortho-Cyclen
 Ortho-Novum 7/7/7
 Ortho Tri-Cyclen
 Ortho Tri-Cyclen Lo
 Ovcon
 Ovcon 35 Fe
 Seasonique
 Triphasil
 Yasmin

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

MC Multiple copay applies

N Notification required

P Progression Rx

SL Supply limit

Women's Health Estrogen/Progesterone

Tier 1

Estradiol
Estradiol Patch, Transdermal
Weekly **SL**
Estradiol 1 mg/Norethindrone
Acetate 0.5 mg
Estropipate Tablet
Medroxyprogesterone Acet
Methyltestosterone/
Estrogens, Esterified Tablet
Norethindrone

Tier 2

Activella 0.5 mg/0.1 mg
Cenestin
Climara **SL**
Crinone **N**
Divigel
Enjuvia
Esclim
Estraderm **SL**
Estratest
Estratest H.S.
Estring **SL**
Evamist
Ogen Cream
Ortho-Dienestrol Cream
Ovrette
Prefest
Prometrium
Vagifem
Vivelle **SL**
Vivelle-Dot **SL**

Tier 3

Alora **SL**
Angeliq
Climara Pro
Combipatch **SL**
Elestrin
Endometrin
Esclim
Estinyl
Estrasorb **SL**
Estrogel **SL**
Femhrt
Femring **SL**
Femtrace
First-Progesterone **MC**
First-Progesterone VGS
Gynodiol 1.5 mg
Menest
Menostar Patch, Transdermal
Weekly **SL**
Premarin
Premphase
Prempro
Prochieve **N**

Women's Health Prenatal Vitamins

Tier 1

Folic Acid
PNV No. 52/Iron B-G
Suc-Pro/FA
Prenatal Vitamins/Fe Asp
Gly/Docusate/Folic Acid
Prenatal Vitamins/Iron,
Carbonyl/Docusate/Folic
Acid
Prenatal Vitamins/Vitamin A/
Iron Fumarate/Folic Acid
Pruet DHA
Pruet DHA EC
Renate DHA
Renate DHA Extra
Setonet
Setonet-EC

Tier 2

Tier 3

Brand Prenatal Vitamins

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

MC Multiple copay applies

N Notification required

P Progression Rx

SL Supply limit

½T Eligible for Half Tablet Program

E May be excluded from coverage

Additional Tier 3 Drugs with a generic equivalent in Tier 1

Accupril (Quinapril)	Ditropan XL (Oxybutynin Chloride Tablet, Sustained-Release)	Monopril (Fosinopril)
Adderall (Amphetamine with Dextroamphetamine Salt Combination)	Duragesic SL (Fentanyl Transdermal SL)	Monopril HCT (Fosinopril with Hydrochlorothiazide)
Aldactone (Spironolactone)	Duricef (Cefadroxil)	Motrin (Ibuprofen) - Prescription strengths only
Altace (Ramipril)	Dyazide (Triamterene with Hydrochlorothiazide)	Naprosyn (Naproxen) - Prescription strengths only
Amaryl (Glimepiride)	Dynacirc (Isradipine)	Nasarel, Nasalide SL (Flunisolide Nasal Spray SL)
Ambien SL P (Zolpidem SL P)	Effexor (Venlafaxine)	Neurontin Capsule, Tablet (Gabapentin)
Anaprox (Naproxen)	Eskalith CR (Lithium Carbonate Controlled-Release)	Norvasc (Amlodipine Besylate)
Ativan (Lorazepam)	Fioricet SL (Butalbital with Acetaminophen and Caffeine SL)	Ocuflax Eye Drops (Ofloxacin)
Augmentin ES (Amoxicillin with Potassium Clavulanate)	Flonase SL (Fluticasone Nasal Spray SL)	Paxil (Paroxetine)
Biaxin Tablet (Clarithromycin Tablet)	Floxin Otic (Ofloxacin Otic Drops)	Penlac (Ciclopirox Solution, Non-Oral)
Buspar (Buspirone)	Fosamax SL (Alendronate SL)	Percocet 5-325, 7.5-500, 10-650 SL (Oxycodone with Acetaminophen SL)
Calan, Calan SR (Verapamil)	Glucophage, XR (Metformin)	Plendil (Felodipine)
Capoten (Captopril)	Glucotrol, XL (Glipizide)	Pletal (Cilostazol)
Cardizem CD except for 360 mg strength (Diltiazem Sustained-Release 24 Hour Capsule)	Glucovance (Glyburide with Metformin)	Pravachol $\frac{1}{2}$ T (Pravastatin $\frac{1}{2}$ T)
Cardura (Doxazosin)	Hytrin (Terazosin)	Prilosec (Omeprazole)
Ceftin (Cefuroxime)	Imitrex Injection SL (Sumatriptan Succinate Injection SL)	Prinivil, Zestril (Lisinopril)
Cefzil (Cefprozil)	Imitrex Tablet SL (Sumatriptan Succinate Tablet SL)	Prinzide, Zestoretic (Lisinopril with Hydrochlorothiazide)
Celexa (Citalopram)	Inderal (Propranolol)	Procardia XL (Nifedipine Extended-Release)
Ciloxan Eye Drops (Ciprofloxacin)	Keflex (Cephalexin)	Proscar N (Finasteride N)
Cipro (Ciprofloxacin)	Keppra (Levetiracetam)	Provera (Medroxyprogesterone)
Cipro (Ciprofloxacin)	Klonopin (Clonazepam)	Prozac (Fluoxetine Capsule)
Cleocin T (Clindamycin Gel, Lotion, Solution, Swabs)	Lamictal (Lamotrigine)	Relafen (Nabumetone)
Colestid (Colestipol)	Lamisil Tablet SL (Terbinafine Tablet SL)	Remeron (Mirtazapine)
Coreg (Carvedilol)	Lasix (Furosemide)	Remeron SolTab (Mirtazapine Dispersible Tablet)
Darvocet-N SL (Propoxyphene with Acetaminophen SL)	Lofibra (Fenofibrate Micronized)	Requip (Ropinirole)
DDAVP (Desmopressin)	Lopid (Gemfibrozil)	Restoril 15, 30 mg (Temazepam)
Depakote (Divalproex Sodium Tablet, Enteric-Coated)	Lopressor (Metoprolol)	Risperdal SL (Risperidone SL)
Depo-Provera (Medroxyprogesterone Acetate 150 mg/ml)	Mavik $\frac{1}{2}$ T (Trandolapril $\frac{1}{2}$ T)	Ritalin (Methylphenidate)
DiaBeta, Micronase, Glynase (Glyburide)	Medrol Dosepak (Methylprednisolone)	Ritalin SR (Methylphenidate Extended-Release)
Didronel (Etidronate Disodium)	Mevacor (Lovastatin)	Sonata SL P (Zaleplon SL P)
Diflucan (Fluconazole)	Mobic (Meloxicam)	

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

MC Multiple copay applies

N Notification required

P Progression Rx

SL Supply limit

$\frac{1}{2}$ T Eligible for Half Tablet Program

E May be excluded from coverage

Additional Tier 3 Drugs with a generic equivalent in Tier 1

Surmontil (Trimipramine Maleate)
 Tenoretic (Atenolol with Chlorthalidone)
 Tenormin (Atenolol)
 Tiazac (Diltiazem)
 Topamax (Topiramate)
 Toprol XL 25 mg (Metoprolol Succinate Sustained-Release)
 Trusopt **SL** (Dorzolamide Eye Drops **SL**)
 Tylenol #3 **SL** (Acetaminophen with Codeine **SL**)
 Ultracet **SL** (Tramadol with Acetaminophen **SL**)
 Ultram (Tramadol)
 Valium (Diazepam)
 Vaseretic (Enalapril with Hydrochlorothiazide)
 Vasotec (Enalapril)
 Vicodin **SL**, Vicodin ES **SL** (Acetaminophen with Hydrocodone **SL**)
 Vicoprofen (Ibuprofen with Hydrocodone)
 Voltaren Tablet (Diclofenac)
 Wellbutrin **N** (Bupropion **N**)
 Wellbutrin SR **N** (Bupropion Sustained-Action **N**)
 Xanax, Xanax XR (Alprazolam)
 Zantac Syrup (Ranitidine Syrup)
 Ziac (Bisoprolol with Hydrochlorothiazide)
 Zithromax (Azithromycin)
 Zocor **½T** (Simvastatin **½T**)
 Zofran **SL** (Ondansetron **SL**)
 Zoloft **½T** (Sertraline **½T**)
 Zonegran (Zonisamide)
 Zovirax Capsule, Tablet, Suspension (Acyclovir)

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

MC Multiple copay applies

N Notification required

P Progression Rx

SL Supply limit

½T Eligible for Half Tablet Program

E May be excluded from coverage



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